App. F. IX-4

Previous References 1920-21 (Sanitary)

File No. 186-20
Serial Nos. 1

Later References

San 55-21-1
San 59-26-(1)
P.H. Dept. 1/39.
CB 65-41-1 +
C B. 58-41-227.

13-5

GENERAL AND REVENUE SECRETARIAT.

Serial Nos. one

P-41

Part B for June 1921

SUBJECT.

Retrenchment in the P. + ...

(1) To the Sanitary Commr. -
" Land Supply
" Comptroller Cinchona & Coffee
" Supdt of Govt Dairy
" Supdt of Govt Cattle Farm Bangalore
" Mr K.S. Iyengar Supdt. Engineer

G. 2543-63/G 30.6.21.

Issues orders of on the retrenchment in the Sanitary Dept

ad 25/3/34

REPLY

(*To be written on this margin.*)

OFFICE OF THE THIRD MEMBER OF COUNCIL.

NOTE

Dated 4th May *1921.*

6250
5.5.21

Note on Retrenchments in the Sanitary Department.

Forwarded with compliments to the Revenue Secretary for bringing up at an early meeting of the Council with the wan's approval.

4/5/21

Dewan). 5.5.21.

C. Please circulate for an early meeting of Council.
7.5.21

Ch. Secy, with Compts 9.5.21.

9/5/21

Council Section,
Circulate.
9/5

RETRENCHMENTS IN THE PUBLIC HEALTH DEPARTMENT.

The non-official members of the Finance Committee have suggested the combination of the office of Sanitary Commissioner with that of Senior Surgeon, the amalgamation of the District Medical and Sanitary charges and the reduction of the number of Assistants attached to the Public Health Institute from two to one ; in other words , the abolition of the Public Health Department as a separate organisation has been recommended. This raises a large and important question and it has to be considered with due regard to the object with which the department was brought into existence and the exten to which it has fulfilled that object

The need for a separate sanitary organisation, which had long been felt, was emphasised by the outbreak of plague in 1897 and its susequent recrudescence year after year. Experi ence showed that action on the preventive side was far more abiling in its effects than palliative or remedical measures for combating this epidemic and successive Senior Surgeons - Drs.Benson, Smyth and Drake Brockman - drew attention to the importance of improving the general sanitary conditions of towns and villages and suggested the establishment of a - special technical agency for this purpose.

The first instalment of the new scheme sanctioned was the organisation in 1905 of a staff of qualified Sanitary Inspec- tors under Local Boards and Municipalities. This was folbwed two years later by the creation of a superior steff of Sani- tary specialists consisting of three Divisional and eight District Sanitary Officers for the Districts and a Deputy Sanitary Commissioner at headquarters to assist the Senior Surgeon in his ex-officio capacity as Sanitary Commissioner. Of the three appointments of Divisional Sanitary Officers only one was actually filled up for want of qualified men and these

posts

posts were subsequently abolished in 1910. The Senior Surgeon continued to be the Head of the Sanitary Department as well till 1917 when it was made independent of the Medical Department with a separate Sanitary Commissioner at its head and the post of Deputy/Sanitary Commissioner was abolished.

The work of the Sanitary Department consists of the investigation, prevention and control of epidemic and other widely prevalent diseases, the supervision of vaccination and registration of vital statistics and the technical scrutiny of projects of public improvement; and the Sanitary Commissioner is the controlling authority and technical adviser to Government and to local bodies in these and other matters affecting public health. The office work of the Sanitary Commissioner is not much but he is expected to tour frequently to keep himself in touch with the work of the local bodies and their sanitary staff and whenever epdidemic diseases appear he is expected to visit the affected localities and organize and supervise the relief operations. The Senior Surgeon cannot be expected to perform these duties efficiently The work of the Medical Department has of late increased considerably The Senior Surgeon is also ex-officio Inspector General of Prisons. He will not have sufficient time either to supervise Sanitary work or to study sanitary problems. These are the days of specialists and experts and Government must have as its advisor in sanitary matters one who has specialised in the department of public health. I was at first of opinion, having regard to the amount of office work turned out by the Sanitary Commissioner, that no separate officer was necessary. But after careful consideration and discussing the matter with the Sanitary Commissioner I find that it would be a very retrograde step to revert to the old arrangement. Besides this will necessitate the revival of the appointment of Deputy Sanitary Commissioner on a salary of Rs.700 or Rs.900 or the appointment of a Sanitary Assistant to the Senior Surgeon

on an equally high pay. The Senior Surgeon too who has enjoyed relief from this additional work for nearly four years, will, if the work is again tacked on to him, claim a substantial allowance if not now, at least some time after and it will be very difficult to resist his claim. In other words, the pay of the present whole-time Sanitary Commissioner, viz. ₹.1,000 will have to be distributed between two other officer and in the result there will be no savings of expenditure.

It is equally inexpedient to reduce the number of Assistan in the Public Health Institute. This proposal is apparently the result of inadequate appreciation of the object which the institute is intended to serve. Besides the chemical and bacteriological work pertaining to the Sanitary Department, Medico-legal work is also done here. The marginally noted particulars taken from the Report of the Institute for the year 1919 give an idea of the quantity of work done under these heads. Of the two Assistants one is a senior officer in the grade of ₹.400-700 and he is necessary both in the interests of the work of the institute and for looking after his the duties of the Sanitary Commissioner during ~~his~~ absence on leave &c. The other Assistant is of the District Sanitary Officer's grade and cannot be considered to be superfluous if the work of the Institute detailed above is to be satisfactorily performed. There is a Bill now before the Legislative Council to prevent the adulteration of food stuffs and when it is brought into operation the duties of the Public Analyst will also devolve on the staff of this Institute. As this work expands the appointment of an additional Assistant will be necessary. In these circumstances it is not possible to reduce the existing staff.

Number of	
[illegible] examined and reported.	
[illegible]ological	
[illegible].	122
Chemical Analysis.	145
Bacteriological Examinations.	2428

As regards District Sanitary Officers, it has never been possible to bring the scheme into full working order in spite of frequent changes made in the light of experience gained

from time to time. The original idea was to give a Sanitary Officer to each District but it could not be carried into effect as the requisite number of qualified men was not forth coming. In 1917 the number of such officers was reduced to 4 - one for the Mysore District and each of the three ~~be~~ - alnad Districts - the District Medical Officers remaining in Sanitary charge as well in the other districts. In 1919 a further attempt was made to avoid dependence upon the Medical Staff for District Sanitary charges by forming four groups of two Districts each with a District Sanitary Officer for each group. This was also found unworkable and had to be soon modified. According to the present sanctioned arrangeme the District Medical and Sanitary charges are combined in Mysore and Bangalore and the remaining six districts are each to have a separate District Sanitary Officer. But as a matte of fact there are now only four whole-time officers in District Sanitary charge and one of these is due to retire from service shortly.

The ~~efforts~~ to make the Sanitary Department a self-contained one have been thus unavailing owing chiefly to the inadequacy of the salary sanctioned for District Sanitary Officers The scale of pay of these appointments was orginally fixed at R.100-25/2-200, and though raised in 1910 to R.150-10-250 and again to R.150-10-360 in 1919, has failed to attract qualified men. In the present condition of the State's finances it is out of the question to offer still higher salaries, while the combination of District Medical and Sanitary charges would deprive the District headquarter hospitals of the benefit of the services of the District Medical Officers who will have to be frequently absent from headquarters if they are to perform their sanitary duties satisfactorily. This will lead to the increase of the medical staff of the District Hospitals and will not in the long run be economical. T

The existing system is also defective. It is the District Board that is responsible for the public health of the District and just like the City Municipalities which have an officer of their own to look after their health department, the District Board also must have an officer of their own on their establishment who would be responsible to them in sanitary matters.

The District Health Officers are members of the Boards but are not their subordinate officers. They are under the rul personal Assistants to the Deputy Commissioners in Sanitary matters, but since they are independent of the District Boar there is no harmony between them and the Executive staff of the District Boards. Their offices are poorly manned an the District Boards give them no clerical assistance whatso ever. They want to exercise control over Taluk Sanitary Ins pectors but the Taluk Boards and District Boards do not like this interference. In the matter of the preparation of vita statistics which is one of their important duties, there is no coordination of work between them and the office of the District Board and the work therefore is very perfunctorily performed. There is constant friction between them and the Vice Presidents of the District Boards and many of their pro posals therefore receive scant consideration. At present their work is confined chiefly to the supervision of vaccination work, inspection of house building sites, sanitary arra rents during jatras and prevention and control of epidemics. For the performance of these duties an officer of the high attainments of a District Health Officer is not necessary. An Officer of a lower status who has received some training in sanitary matters will quite do, and in all highly technica matters there is the Sanitary Commissioner to guide them. It is out of the question to have as a District Health Officer one who can investigate new diseases locally and take prompt action. This is of course the ideal which the Sanitary Com-

missioner

Commissioner has placed before himself. But it is impossib to carry it out. In a small State like ours the Sanitary Commissioner with the help of the staff of the Public Health Institute must be able to carry on this work whenever any such new disease appears and the District Health Officer ca do as very little in this matter. What is wanted is an exec tive subordinate trained in sanitary work who can work under the orders of the Vice President, who is the Chief Executive Officer next to the Deputy Commissioner and President of the Board.

Taking all these circumstances into consideration, I thin it is desirable to replace the District Health Officers by officers of a lower status on a salary of say Rs.100-10-150 to be employed by the District Boards. They may be called Chief Sanitary Inspectors and these appointments filled by selection from among the Sub Assistant Surgeons and Senior Sanitary Inspectors for whom there are now no avenues of pro motion. The selected men may before appointment be given su training as the Sanitary Commissioner might advise.

The duties of Chief Sanitary Inspectors will be to exerci supervision over Sanitary Inspectors employed by the Taluk Boards in all matters enumerated in Appendix B to Government Order No.5113-63/San.86-13-35 dated 8th February 1917 and to check the work of vaccinators, and supervise directly the sanitary works undertaken by the District Boards. The town and Minor Municipalities may also make use of the services of these officers, when necessary, with the consent of the Pres dent of the District Board.

If the above proposal is sanctioned the appointments of Deput Inspectors of Vaccination will be superfluous and may be - abolished. The Vaccinators may be placed directly under the control of the Taluk Boards and the supervision of their work by the President and the Vice President of the Taluk Board, and the

Taluk Sanitary Inspectors will be far more effective than the supervision now exercised by the Deputy Inspectors of Vaccination.

There is now a provision of Rs.7,560 in the State Budget for the pay and allowances of Deputy Inspectors of Vaccination and Rs.2,736 for the establishment of District Sanitary Officers. This may be utilised towards meeting the cost of the appointment of Chief Sanitary Inspectors whose services may be placed at the disposal of the District Boards in place of Vaccination Inspectors whom they replace.

There is no necessity for a reserve staff of one Health Office and 4 Sub Assistant Surgeons (recently changed into 3 Sanitary Inspectors and one Sub Assistant Surgeon) now given to the Sanitary Commissioner. One of the Assistants of the Public Health Institute may be appointed Personal Assistant to the Sanitary Commissioner in addition to his duties to look after the current duties of the office during the absence of the Sanitary Commissioner.

The Health Museum at Mysore is not in a satisfactory condition. It may be transferred to the office of the Sanitary Commissioner and a saving of Rs.2,000 may thus be effected.

The financial effect of these proposals will be as follows:-

Reduction of 7 Health Officers.....	24,960	
Abolition of the allowances to the District Medical Officers, Mysore and Bangalore.	1,200	(100 X12)
Deputy Inspectors of Vaccination.....	7,560	
Dt. Health Officers' Establishment.....	2,736	
Health Museum	2,000	
Savings under T.A.....	3,000	
	41,456	
Deduct- Pay of Chief Sanitary Inspectors (8)	12,000	(125 X 8 X 12)
Net saving	29,456	

If the arrangement suggested above is adopted there will be no need for separate District Medical officers for Penukonda and Hyderabad Districts, as they will be relieved of Sanitary duties their other work connected with the inspection of dispensaries in the District, Medical Examination of candidates for employment in the Public Service and under the State Life Insurance Scheme can easily be done by other officers at the district headquarters. One of the Surgeons attached to the Krishnarajendra Hospital in the Mysore District and to the Victoria Hospital in the Bangalore District can be required to inspect the dispensaries on allowance of Rs.50 per annum given to them for this additional work. They will do this work better than the present District Medical Officers who are out of active touch with the profession. To remedy the Medical Examination work, it may be entrusted to the Assistant Surgeons in charge of the Epidemic Hospital and Medical Stores in Mysore and Bangalore respectively. It is not necessary to give them any allowance for this work, as they get fees for such examination. The former will not have sufficient work all the year round and the latter's work will have considerably lightened by the appointment of a separate officer for the charge of the Lunatic Asylum. The abolition of the separate appointments of District Medical Officers will result in a further saving of expenditure to the extent of about Rs.12,000 per annum.

Yours faithfully,

MEMBER OF COUNCIL.

I have the honour to forward the Sanitary Commissioner's report and concur with him. I agree to all the proposals contained therein.

Bangalore

4th May 1921.

My dear Sir,

I enclose herewith for your information a note embodying my proposals for reducing expenditure in the Sanitary Department. I am sending a copy of this note to the Revenue Secretary to take necessary action to bring it up at an early meeting of the Council.

Yours sincerely,

M. Kantaraj Urs

To

Rajasevadhurina Sirdar

M. Kantaraj Urs., B.A.,

Dewan of Mysore, Bangalore.

RETRENCHMENTS IN THE PUBLIC HEALTH DEPARTMENT.

The non-official members of the Finance Committee have suggested the combination of the office of Sanitary Commissioner with that of Senior Surgeon, the amalgamation of the District Medical and Sanitary charges and the reduction of the number of Assistants attached to the Public Health Institute from two to one; in other words, the abolition of the Public Health Department as a separate organisation has been recommended. This raises a large and important question and it has to be considered with due regard to the object with which the department was brought into existence and the extent to which it has fulfilled that object.

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The first instalment of the new scheme sanctioned was the organisation in 1905 of a staff of qualified Sanitary Inspectors under Local Boards and Municipalities. This was followed two years later by the creation of a superior staff of Sanitary specialists consisting of three Divisional and eight District Sanitary Officers for the Districts and a Deputy Sanitary Commissioner at headquarters to assist the Senior Surgeon in his ex-officio capacity as Sanitary Commissioner. Of the three appointments of Divisional Sanitary Officers one was actually filled up for want of qualified men

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The work of the Sanitary Department consists of the investigation, prevention and control of epidemic and other widely prevalent diseases, the supervision of vaccination an registration of vital statistics and the technical scrutiny of projects of public improvement; and the Sanitary Commissioner is the controlling authority and technical adviser to Government and to local bodies in these and other matters affecting public health. The office work of the Sanitary Commissioner is not much, but he is expected to tour frequently to keep himself in touch with the work of the local bodie and their sanitary staff and whenever epdidemic diseases appear he is expected to visit the affected localities and organize and supervise the relief operations. The Senior Surgeon cannot be expected to perform these duties efficientl The work of the Medical Department has of late increased considerably The Senior Surgeon is also ex-officio Inspector General of Prisons. He will not have sufficient time either to supervis Sanitary work or to study sanitary problems. These are the days of specialists and experts and Government must have as its adviser in sanitary matters one who has specialised in the department of public health. I was at first of opinion, having regard to the amount of office work turned out by the Sanitary Commissioner, that no separate officer was necessary. But after careful consideration and discussing the matter with the Sanitary Commissioner I find that it would be a very retrograde step to revert to the old arrangement. Besides this will necessitate the revival of the appointment of Deputy Sanitary Commissioner on a salary of Rs.700 or Rs.800 or the ~~x~~ appointment of a Sanitary Assistant to the Senior Surgeon

on an equally high pay. The Senior Surgeon too who has enjoyed relief from this additional work for nearly four years, will, if the work is again tacked on to him, claim a substantial allowance if not now, at least some time after and it will be very difficult to resist his claim. In other words, the pay of the present whole-time Sanitary Commissioner, viz. R.1,000 will have to be distributed between two other officers and in the result there will be no savings of expenditure.

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The efforts to make the Sanitary Department a self-contained one have been thus unavailing owing chiefly to the inadequacy of the salary sanctioned for District Sanitary Officers. The scale of pay of these appointments was orginally fixed at Rs.100-25/2-200, and though raised in 1910 to Rs.150-10-250 and again to Rs.150-10-360 in 1919, has failed to attract qualified men. In the present condition of the State's finances it is out of the question to offer still higher salaries, while the combination of District Medical and Sanitary charges would deprive the District headquarter hospitals of the benefit of the services of the District Medical Officers who will have to be frequently absent from headquarters if they are to perform their sanitary duties satisfactorily. This will lead to the increase of the medical staff of the District Hospitals and will not in the long run be economical.

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	41,456	
Deduct- Chief Sanitary Inspectors (8)	12,000	(125 X 8 X 12)
Net saving	29,456	

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Mej Hamid Hussain

4th May 1921.
Bangalore.

MEMBER OF COUNCIL.

N.B.- I showed this note to the Sanitary Commissioner and discussed it with him. He agrees to all the proposals contained therein.

c 607

G. R. S. III-2]

General and Revenue Secretariat. | File No. of 19 .

17

Serial No.

(Extract from the Proceedings of the 7th Meeting of the Finance Committee held on Saturd the 2nd April 1921).

× × ×

" (ix) Abolition of an officer in the Pub lic Health Institute:-- Mr. Abbas Khan urged that there are two officers holding diploma in Public Health Department at the Chemical Labora tory and as there does not seem to be a need fo two specialists, one of the posts may be done away with. The work in the Laboratory does nc appear to have increased in such volumes as tc require the services of 2 officers in place of one who was able to do the work efficiently sme time ago.

The other non-official members supported the proposal and requested that the recommendati may be sent up to Government."

× × ×

(Notes of action proposed at the Council Meeting held on 28th April 1921).

"Re: abolition of one officer of the Pub Health Laboratory, III Member's proposals re: the reorgani. tion of the Sanitary Department to be awaited.

(Id.) K. M.
28-4-1.

Submitted to the Third Member of Council.

NOTE—Contn. sheet.

Please see 11/56/313 10.5.21

A note on his recommendations by the Sanitary Department has been sent to the Secretariat for necessary action. 8.5.21

Immediate
(For Disposal at a Meeting)

No. C. 644
1920-21.

GENERAL AND REVENUE SECRETARIAT.

Council Matter.

SUBJECT.

(Clause x of the Schedule).

Offg. Second Member's Note on the Retrenchments in the Sanitary Department.

CIRCULATED TO THE MEMBERS OF COUNCIL.

By Order,

Mauritius

13th May 1921. Offg. *Chief Secretary to Government.*

Extraordinary Member of Council.

5959.222
13.5.21.

First Member of Council. Seen
Rees
14.5.21.

Second Member of Council. Seen.

Third Member of Council.

Extract from the Proceedings of the 568th *Meeting of the Council of His Highness the Maharaja, held at Bangalore on the* 17th May 1921. 19

403. Subject. - Clause x of the Schedule.

Offg. Second Member's proposals for retrenchments in the Sanitary Department.

Opinion of the Council.

Two places in the cadre of Asst. Surgeons to be kept open to absorb the District Medical Officers of Mysore. Retrenchment proposed in other File to be ratified.

The retrenchments proposed in the Offg. Second Member's Note may be approved.

(Sd.) M. Kantaraj Urs,
Dewan of Mysore.

"EXTRACT"

Chief Secretary to Government.

WD 1149—GPB—1,000—23-12-18

G. R. S. III-2.

General and Revenue Secretariat.	File No.	of 19 .

Serial No.

Submitted with Extract of the Council Resolution.

offg. 2nd Member).

Dy. Secy. 23/5

Dy. Secy. 23/5

D. S. R. Secy.

Diwan)

26/5/21

Secy. 28.5.21

NOTE—Contn. sheet.

3. The Finance Committee also recommend the appointment of District Medical Officers as District Health Officers. But as I have pointed out in my note, the arrangement will not be economical, as it will necessitate the appointment of more Medical officers in place of Health Officers and will affect besides the efficiency of the District Hospitals owing to the frequent tours of District Medical Officers for Sanitary work. It will no also fit in with the powers and duties of District Boards who to discharge the duties imposed upon them by law require the services of a full time of -ficer, to look after the Sanitary work. At present the work of Health Office confined to the supervision of Vaccination work, inspection of building sites and prevention and control of epidemics, a work which can be easily performed by an officer of a lower status who has received some training in sanitary matters. Moreover it has not been found possible to secure the services of men possessing Medical and Sanitary degrees for the post of Health Officers. The existing rates of salary have proved inadequate and it is not possible in the present state of our finances to pay higher salaries. There are also various defects, as explained on page 5 of the note in the existing system in regard to the working relation between the District Health Officers and local bodies. What is wanted is an Executive Subordinate trained in sanitary work who can work under the orders of the Presidents and Vice-Presidents of the District Boards. I have therefore proposed that the present opportunity may be taken to do away with the District Health Officers altogether and replace them by officers of a lower rank on a pay of Rs. 100-10-150 to be employed directly by the District Boards under the designation of Chief Sanitary Inspectors for all ordinary Sanitary duties, the Sanitary Commissioner himself being consulted by them on highly technical matters.

4. When relieved of the District Sanitary charge the District Medical Officers of Bangalore and Mysore, having no hospital work, unlike other District Medical Officers, at their Headquarters, will not have sufficient work to do. I have therefore suggested that separate District Medical Officers for these two Districts may be dispensed with and the work of inspection of Dispensaries and medical examination in connection with Life Insurance etc., distributed between one of the Surgeons attached to the

Krishnarajendra Hospital and Victorial Hospital and the Assistant Surgeons in charge of the Epidemic Diseases Hospital in Mysore and the Medical Stores in Bangalore, the former (viz. Surgeons) being given an allowance of Rs. 50/- per mensem for the additional work.

5. The other consequential proposals made in the note are the abolition of the posts of Deputy Inspectors of Vaccination and placing the Vaccinators directly under the control of the Taluk Boards, the Chief Sanitary Inspectors supervising their work in place of Health Officers. It is but right that the Vaccinators should be under the direct control of the Taluk Boards as their pay is fully debited to their funds.. The President of the Taluk Board assisted by the Taluk Sanitary Inspector and the Chief Sanitary Inspector will exercise far better control and check than at present is done by the District Vaccination Inspectors.

6. The Health Museum in Mysore is not in a satisfactory condition and it may be transferred to the Office of the Sanitary Commissioner.

7. The retrenchments proposed in my note which have been concurred in by the Officiating Sanitary Commissioner will result in a saving roughly of about Rs. 39,000/- per annum. They have been agreed to by the Council and may be graciously approved.

Flag J

Bangalore,
25th May 1921.

MEMBER OF COUNCIL.

Record of Cases submitted for the Orde
of His Highness the Maharaja.

Subject.

Retrenchments in the Sanitary Department.

CONFIDENTIAL

1244

Order.

~~KRW~~
13/6/21

Ch. Ly
14.6.21

C.B. 14/6

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21

G. R. S. III-2]

General and Revenue Secretariat. | File No. of 19

Serial No.

31. All urgent or confidential files returned with His Highness' orders may, in the absence of instructions or indications to the contrary, be ordinarily circulated to the Members of Council for perusal after the issue of orders.

33. The Secretaries concerned should see that orders in the cases referred to above are issued at once and that the files are returned immediately after to the Chief Secretary for circulation to the Members.

34. In all other cases, the files will first be circulated to the Members of Council at headquarters and then sent to the Secretariat concerned for the issue of orders.

Circulated to the Members of Council for perusal of His Highness' orders $\frac{\text{before}}{\text{after}}$ issue of orders. (*Vide* Rules 31, 33 and 34 of the Subsidiary Rules for the conduct of business of Council in the Manual of Council Rules and Procedure.)

Chief Secretary to Govt.

15/6.21

Through the Secretary to Government, Rev Department.

FIRST MEMBER OF COUNCIL

SECOND MEMBER OF COUNCIL

THIRD MEMBER OF COUNCIL.

NOTE—Contn. sheet.

G. R. S. III-2]

General and Revenue Secretariat.

Sam File No. 106 of 19 20

Serial No.

Draft submitted

Please put up a typed copy as revised.

18.6.21

Typed copy subd for approval.

19/6/21.

20/6/21. (Rev. Secy)

20/6/21

20.6.21.

2nd member)

draft issued

Issue

28/6/21.

H. H. has approved the proposal.
Draft Firman communicating the above
Submitted.

For formal expression

3.7.21

7.7.21

To Comptt 9588/7/21

9.7.21

NOTE—Contn. sheet.

General and Revenue Secretariat.

Sany File No. 106 of 1920.

Serial No.	
1	To The Sany Comr. The Senior Surgeon The Comptr thro' Pl Secy The Dy Comrs of Dts. The Odt of Dl Boards The Odt of Blore & Mysore City Dl Council The Odt Sany Board K.G.F. Prog. 25243-63 dt 30.6.21 Issues orders on the retrenchments in the Sanitary Department.

NOTE—Contn. sheet.

28/6 20 Copies

Sanj 106-20-1

7/30/6/21.

Proceedings of the Govt. of H. H. the Maharaja of Mysore.

30

R e a d:-

3. G.O.No.5044-63/San.68-16-6, dated 9-3-1918, sanctioning the reorganisation of the Vaccination Department.

4. G.O.No.5861-71/San.120-17-1, dated the 17-4-1918, sanctioning the establishment of a Health Museum at Mysore.

5. G.O.No.G.18997-9/San.73-17-6, dated the 1st March 1919, sanctioning the re-organisation of the Public Health Department.

6. G.O.No.10633-43/San.73-17-8, dated 12th November 1919, changing the designation of District Sanitary Officers into Health Officers 2nd class, and sanctioning the appointment of a separate Health Officer for each of the Districts except Bangalore and Mysore.

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Order No: G 25243-63.

ed Bangalore, 30 - 6 - 1921.

The question of effecting retrenchment in the Sanitary Department has engaged the attention of Government for some time past and ~~it has~~ has also ~~been threshed out~~ been considered in the Finance Committee. The non-official members of this committee suggested.-

(1) the combination of the office of the Sanitary Commissioner with that of the Senior Surgeon;

(2) the amalgamation of the District

Medical and Sanitary charges ; and

(3) the reduction of the number of Assistants attached to the Public - Health Institute from two to one.

2. After a careful consideration, Government have come to the conclusion - that it is neither desirable, nor ~~even~~ practicable, to combine the office of the Senior Surgeon and the Sanitary Commissioner. The need for a technical - adviser in matters of public health is recognised by every Administration and it would be a very retrograde step to revert to the old system under which the Senior Surgeon was performing the dual function of a Medical as well as a Sanitary Adviser to Government. The Senior Surgeon has - enough work of his own Dept. to fully occupy his attention. He is also ex-officio Inspector General of Prisons and cannot be expected to have sufficient time either to supervise sanitary work or to study sanitary problems. Besides, the sphere of work of the Senior Surgeon is ~~quite~~ different from that of the Sanitary Commissioner. ~~These are days of Specialists and Experts and~~ It is necessary ~~only right~~ that the Adviser to Government in Sanitary matters should be one who has specialised in Sanitary Science. Even if it were desirable to make the Senior Surgeon the head of the Sanitary Department as well, it would be necessary to give him an Assistant who is a Specialist in Sanitary Science to help him in the discharge of his duties. As such a Specialist would have to be paid a fairly high ~~demand a decent~~ salary -

almost approaching that ~~thm~~ of the Sanitary Commissioner, the savings that will be effected by the abolition of the post of the Sanitary Commissioner would be ~~quite~~ inappreciable, while the adoption of such a step would deprive the State of the benefit of the services of a whole-time officer to look after sanitary administration. Govt. have therefore resolved to continue the appointment of a separate Sanitary Commissioner for the charge of the Public Health Department.

3. ~~Another~~ The next recommendation ~~made by the Finance Committee~~ for effecting retrenchment in the Sanitary Department is the amalgamation of the Medical and Sanitary charges of each district in a single officer. This arrangement cannot possibly be economical as it will necessitate the appointment of more medical officers in place of Health Officers and will besides affect the efficiency of District Hospitals owing to the frequent tours of District Medical Officers for sanitary work. It will not also fit in with the powers and duties of District Boards which in order to discharge the duties imposed on them by law require the services of full-time officers to look after sanitary work. There are also various defects in the existing system in regard to the working relation between the District Health Officers and the local bodies. Thus, the District Health Officers are members of these Boards but are not their subordinate officers. They are, under the rules, Personal Assistants to Deputy Commissioners in sanitary matters but since

they are independent of the District Boards, there is no harmony between them and the executive staff of these Boards. Their offices are poorly manned, and the District Boards give them no clerical assistance whatsoever. They would like to exercise control over Taluk Sanitary Inspectors, but the Taluk and District Boards do not acquiesce in their interference. In the matter of the preparation of Vital Statistics, which is one of their important duties, there is no co-ordination of work between them and the office of the District Board, and the work is therefore performed very perfunctorily. There is frequently friction between them and the Vice-Presidents of District Boards and many of their proposals therefore receive scant consideration. At present, their work is confined chiefly to the supervision of vaccination work, inspection of house-building sites, sanitary arrangements during Jatras and prevention and control of epidemics. For the performance of these duties, an officer of the high attainments of a District Health Officer is not necessary. An officer of the lower status who has received some training in sanitary matters and who can work under the orders of the Presidents and Vice-Presidents of District Boards will serve the purpose quite well. In view of these considerations Government have resolved to dispense with the District Health Officers, and to replace them by officers of a lower rank on a pay of Rs.100-10-150, to be employed directly by the District Boards under the designation

of

of Chief Sanitary Inspectors for all ordinary sanitary duties, the Sanitary Commissioner himself being consulted by them on highly technical matters. The Health Officers of the Bangalore and Mysore City Municipalities, ~~as well as that~~ and of the ~~K.G.F.~~ Kolar Gold Field, Sanitary Board, will however, continue as heretofore.

4. The appointments of these Chief Sanitary Inspectors shall be made by selection from among competent Sub-Assistant Surgeons and Senior Sanitary Inspectors for whom there are no avenues of promotion at present. The selected officers shall, before appointment, be given such training as the Sanitary Commissioner might deem necessary.

5. The duties of the Chief Sanitary Inspectors will be to exercise supervision over Sanitary Inspectors employed by the Taluk Boards in all matters enumerated in Appendix B to G.O.No.5113-63/San.86-13-35, dated 8th February 1917, and to check the work of Vaccinators and supervise directly the sanitary works undertaken by the District Boards. The Town and Minor Municipalities may also make use of the services of these officers, when necessary, with the consent of the President of the Dt.Board concerned.

6. In view of the duties assigned to the Chief Sanitary Inspectors in the matter of checking the work of Vaccinators, the appointments of Deputy Inspectors of Vaccination will become superfluous and Govt.are pleased to order their abolition. The Vaccinators will in future be placed directly

under the control of the Taluk Boards and it is expected that the supervision of their work by the Presidents and Vice-Presidents of Taluk Boards and the Taluk Sanitary Inspectors will be far more effective than the supervision now exercised by the Deputy Inspectors of Vaccination.

5. ~~The cost of the appointment of the~~ Chief Sanitary Inspectors will be met from the provision of Rs.7560 in the State Budget for the pay and allowances of Deputy Inspectors of Vaccination and Rs.2736 for the establishment of District Sanitary ~~Officers, and~~ The services of these Chief Inspectors will be placed at the disposal of the District Boards in place of the Vaccination Inspectors.

6. In view of the appointment of Chief Sanitary Inspectors, there is no longer any necessity for the reserve staff of one Health Officer and four Sub-Assistant Surgeons sanctioned in G.O.No.G.18997-9/San.74-17-6 dated 1st March 1919, which was ~~changed~~ has since been replaced by three Sanitary Inspectors and one Sub-Assistant Surgeon ~~in G.O No.~~ and Govt. are therefore pleased to direct the abolition of the reserve staff in question.

7. ~~A third~~ The next proposal put forward by the Finance Committee is the reduction, by one, of the number of Assistants attached to the Public Health Institute. This proposal does not commend itself to Government as two officers are absolutely necessary for the efficient discharge of chemical and bacterildgical work pertaining to the Sanitary Department as well

as medico-legal work coming up from other departments. When the bill now before the Legislative Council for the prevention of adulteration of food-stuffs is passed into law, the duties of the Public Analyst will also devolve on the staff of this Institute and Govt. do not therefore think it desirable to reduce the existing staff. ~~They are however pleased to direct that one of~~ the Assistants of the Public Health Institute ~~be appointed Personal Assistant to the Sanitary Commissioner for looking~~ after the current duties of the office in addition to his ~~during the absence of the Sanitary Commissioner.~~

10. Govt. have reason to believe that the Health Museum at Mysore is not in as satisfactory a condition as might be desired. They are therefore pleased to direct its transfer to the office of the Sanitary Commissioner who is requested to take steps to improve its condition.

11. The financial effect of the arrangements sanctioned in the foregoing paras will be as follows:-

Reduction of 7 Health Officers.. ..	Rs. 24960
Abolition of ~~the~~ allowances to ~~the~~ District Medical Officers, Mysore and Bangalore..	" 1200
Deputy Inspectors of Vaccination ..	" 7560
Establishment of District Health Officers..	" 2736
Savings under ~~T.A.~~ Travelling Allowances..	" 3000
—do— Health Museum	" 2000
Total .	" 41456
Deduct pay of Chief Sanitary Inspectors (8)	" 12000
Net savings	" 29456

12. In view of the appointment of a Chief Sanitary Inspector for each District, the District Medical Officers of Bangalore and Mysore who have no hospital work at their head quarters unlike other District Medical Officers will not have sufficient work, ~~to do.~~ and Govt. ~~therefore~~ consider it unnecessary to have separate District Medical Officers for these two districts. They are ~~therefore~~ pleased to direct the abolition of these posts in Bangalore and Mysore. ~~The work of inspection of Dispensaries which was hitherto being done by these officers will, in future, be attended to by one of the Surgeons attached to the Victoria Hospital, Bangalore and the Krishnarajendra Hospital at Mysore who will be given an allowance of Rs.50 per mensem for the additional work. The work of medical examination of candidates for employment in the public service and under the State Life Insurance Scheme will in future, be attended to by the Assistant Surgeon in charge of the Epidemic Diseases Hospital at Mysore and by the Assistant Surgeon in charge of the Medical Stores at Bangalore. but there is no need to give them~~ The question of addl. allowance will not arise, will for this work as they get fees for such examinations. The abolition of the appointments of the District Medical Officers of Bangalore & Mysore is expected to result in a further saving of expenditure to the extent of about Rs.10,000 per annum, thus bringing the total saving to Rs.39,000 odd.

13. The Sanitary Commissioner is requested to submit proposals at an early date in consultation with the Senior Surgeon, for

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for giving effect to the above orders of Government.

hm 20-6-21.

20/6/21 Secretary to Govt.,
Rev.Dept.

To

The Sanitary Commissioner.

The Senior Surgeon.

The Comptroller thro' Fl.Secretariat

The Deputy Commrs, of Districts. // The ~~and~~ Presdts. of Dt.Boards

The Presidents of Bangalore and Mysore City Ml.Councils.

The " Sanitary Board, K.G.F.

Press Table.

Copy to Rev.Sectt. (Municipal Section).

KNN

Government of His Highness the Maharaja of Mysore

GENERAL AND REVENUE DEPARTMENTS.

G. O. No. G. 25243-63—San. 106-20-1, dated 30th June 1921.

Retrenchment in the Public Health Department.

Sanctions certain ——

READ—

1. Government Order No. G. 18997-9—San. 73-17-6, dated the 1st March 1919, sanctioning the reorganisation of the Public Health Department.
2. Government Order No. G. 10633-43—San. 73-17-8, dated 12th November 1919, changing the designation of the District Sanitary Officers into Health Officers, 2nd class, and sanctioning the appointment of a separate Health Officer for each of the districts except Bangalore and Mysore.
3. Government Order No. G. 5044-63—San. 68-16-6, dated 9th March 1918, sanctioning reorganisation of the Vaccination Department.
4. Government Order No. G. 5861-71—San. 120-17-1, dated the 17th April 1918 sanctioning the establishment of a Health Museum at Mysore.

ORDER NO. G. 25243-63—SAN. 106-20-1, DATED 30TH JUNE 1921.

The question of effecting retrenchment in the Sanitary Department has engaged the attention of Government for some time past and has also been considered in the Finance Committee. The non-official members of this committee suggested:—

(1) the combination of the office of the Sanitary Commissioner with that of the Senior Surgeon ;

(2) the amalgamation of the District Medical and Sanitary charges ; and

(3) the reduction of the number of Assistants attached to the Public Health Institute from two to one.

2. After a careful consideration, Government have come to the conclusion that it is neither desirable, nor practicable, to combine the Office of the Senior Surgeon and the Sanitary Commissioner. The need for a technical adviser in matters of public health is recognised by every administration and it would be a very retrograde step to revert to the old system under which the Senior Surgeon was performing the dual function of a Medical as well as Sanitary Adviser to Government. The Senior Surgeon has enough work of his own Department to fully occupy his attention. He is also *Ex-officio* Inspector-General of Prisons and cannot be expected to have sufficient time either to supervise sanitary work or to study sanitary problems, Besides, the sphere of work of the Senior Surgeon is different from that of the Sanitary Commissioner. It is necessary that the Adviser to Government in sanitary matters should be one who has specialised in Sanitary Science. Even if it were desirable to make the Senior Surgeon the head of the Sanitary department as well, it would be necessary to give him an Assistant who is a specialist in Sanitary Science to help him in the discharge of his duties. As such a Specialist would have to be paid a fairly high salary almost approaching that of the Sanitary Commissioner, the savings that will be effected by the abolition of the post of the Sanitary Commissioner would be inappreciable, while the adoption of such a step would deprive the State of the benefit of the services of a whole-time officer to look after sanitary administration. Government have, therefore resolved to continue the appointment of a separate Sanitary Commissioner for the

charge of the Public Health Department.

3. The next recommendation for effecting retrenchment in the Sanitary Department is the amalgamation of the Medical and Sanitary charges of each district in a single officer. This arrangement cannot possibly be economical as it will necessitate the appointment of more medical officers in place of Health Officers and will besides affect the efficiency of District Hospitals owing to the frequent tours of District Medical Officers for sanitary work. It will not also fit in with the powers and duties of District Boards which in order to discharge the duties imposed on them by law, require the services of full-time officers to look after sanitary work. There are also various defects in the existing system in regard to the working relation between the District Health Officers and the local bodies. In the matter of the preparation of vital statistics, which is one of the important duties of Health Officers there is no co-ordination of work between them and the office of the District Board, and the work is therefore performed very perfunctorily. At present, their work is confined chiefly to the supervision of vaccination work, inspection of house-building sites, sanitary arrangements during jatras and prevention and control of epidemics. For the performance of these duties an officer of the high attainments of a District Health Officer is not necessary. An officer of a lower status who has received some training in sanitary matters and who can work under the orders of the Presidents and Vice-Presidents of District Boards will serve the purpose quite well. In view of these considerations, Government have resolved to dispense with the District Health Officers and to replace them by officers of a lower rank on a pay of Rs. 100—10—150, to be employed directly by the District Boards under the designation of Chief Sanitary Inspectors for all ordinary sanitary duties, the Sanitary Commissioner himself being consulted by them on highly technical matters. The Health Officers of the Bangalore and Mysore City Municipalities and of the Kolar Gold Field Sanitary Board, will, however, continue as heretofore.

4. The duties of the Chief Sanitary Inspectors will be to exercise supervision over Sanitary Inspectors employed by the Taluk Boards in all matters enumerated in Appendix B to Government Order No. 5113-63—San. 86-13-35, dated 8th February 1917, and to check the work of Vaccinators and supervise directly the sanitary works undertaken by the District Boards. The Town and Minor Municipalities may also make use of the services of these officers, when necessary with the consent of the President of the District Board concerned.

5. In view of the duties assigned to the Chief Sanitary Inspectors in the matter of checking the work of Vaccinators, the appointments of Deputy Inspectors of Vaccination will become superfluous and Government are pleased to order their abolition. The Vaccinators will in future be placed directly under the control of the Taluk Boards and it is expected that the supervision of their work by the Presidents and Vice-Presidents of Taluk Boards and the Taluk Sanitary Inspectors will be far more effective than the supervision now exercised by the Deputy Inspectors of Vaccination. The services of the Chief Inspectors will be placed at the disposal of the District Boards in place of the Vaccination Inspectors.

6. In view of the appointment of Chief Sanitary Inspectors, there is no longer any necessity for the reserve staff of one Health Officer and four Sub-Assistant Surgeons, sanctioned in Government Order No. G. 18997-9—San 73-17-6, dated 1st March 1919, which has since been replaced by three Sanitary Inspectors and one Sub-Assistant Surgeon and Government are therefore pleased to direct the abolition of the reserve staff in question.

7. The remaining proposal put forward by the Finance Committee is the reduction, by one, of the number of Assistants attached to the Public Health Institute. This proposal does not commend itself to Government as two officers are absolutely necessary for the efficient discharge of chemical and bacteriological work pertaining to the Sanitary Department as well as medico-legal work coming up from other departments. When the bill now before the Legislative Council for the prevention of adulteration of food-stuffs is passed into law, the duties of the Public Analyst will also devolve on the staff of this Institute and, Government do not therefore think it desirable to reduce the existing staff. The Senior Assistant of the Public Health Institute will as heretofore look after the current duties of the Office of the Sanitary Commissioner in addition to his own duties.

No. G. 25243-63—San. 106-20-1, dated 30th June 1921.

8. The Sanitary Commissioner will submit proposals at a very early date for the recruitment of Chief Sanitary Inspectors and their training in sanitary matters. He will try to absorb in the new grade as many of the Deputy Inspectors of Vaccination as are capable of receiving sanitary training and performing efficiently the duties of the Chief Sanitary Inspector.

9. Government have reason to believe that the Health Museum at Mysore is not in as satisfactory a condition as might be desired. They are therefore pleased to direct its transfer to the Office of the Sanitary Commissioner, who is requested to take such steps as may be necessary to improve its condition.

10. The financial effect of the arrangements sanctioned in the foregoing paragraph will be as follows:—

	Rs.
Reduction of seven Health Officers	24,960
Abolition of allowances to District Medical Officers, Mysore and Bangalore	1,200
Deputy Inspectors of Vaccination	7,560
Establishment of District Health Officers	2,736
Savings under travelling allowances	3,000
Health Museum	2,000
Total ...	41,456
Deduct pay of Chief Sanitary Inspectors (8)	12,000
Net savings ...	29,456

11 In view of the appointment of a Chief Sanitary Inspector for each district the District Medical Officers of Bangalore and Mysore who have no hospital work a their headquarters unlike other District Medical Officers, will not have sufficient work and Government consider it unnecessary to have separate District Medical Officers for these two districts and they are therefore pleased to direct the abolition of these posts in Bangalore and Mysore. The work which is now performed by these officers can be easily distributed among the several Medical Officers working in the cities of Bangalore and Mysore. The Senior Surgeon is requested to submit his proposals in this direction at a very early date.

B. RAMASWAMAIYA,
Secy. to Govt., Rev. Dept.

To—The Sanitary Commissioner in Mysore.
The Senior Surgeon in Mysore.
The Comptroller to Government, through Financial Secretariat.
The Deputy Commissioners of Districts.
The Presidents of District Boards.
The Presidents of Bangalore and Mysore City Municipal Councils.
The President, Sanitary Board, Kolar Gold Fields.
PRESS TABLE.

Exd.—C. R.

W D S—GPB—24-7-21—192.